

	Midnight May 14	Midnight July 19	After July 19
Triathlon Olympic	\$65.00	\$85.00	\$105.00
Triathlon Teams	\$150.00	\$175.00	\$190.00
Youth 14-15 <small>Tri Canada Distances</small>	\$25.00 <small>Includes Insurance</small>	\$25.00 <small>Includes Insurance</small>	\$25.00 <small>Includes Insurance</small>
Youth 16-19 <small>Tri Canada Distances (see note)</small>	\$30.00 <small>Includes Insurance</small>	\$30.00 <small>Includes Insurance</small>	\$30.00 <small>Includes Insurance</small>
Duathlon	\$65.00	\$85.00	\$105.00
Duathlon Teams	\$150.00	\$175.00	\$190.00

All entries are non-refundable and non-transferable

AWARDS

Trophies presented to 1st place overall male and female in triathlon and duathlon
Age as of December 31, 2010

Individual Triathlon/Duathlon

Medals awarded to top 3 in each age group
14-15, 16-17, 18-19, 20-24, 25-29, 30-34, 35-39,
40-44, 45-49, 50-54, 55-59, 60-64,
65-69, 70-74, 75-79, 80+

**Athena – Women 150 lbs. +
Clydesdale – Men 200 lbs. +**

Age categories - 20-34, 35-49, 50+

Triathlon/Duathlon Teams

Medals awarded to top 3 in each category
**Men, Women, Mixed,
Masters** (combined age 130 +)
Super Masters (combined age 160 +)

**Police, Firefighters, Medics Triathlon
Relay Challenge Cup**

presented to first place team and medals to top 3 placing teams
(www.victoriatriathlon.com for entry details)

**Recreation and Fitness Centres Triathlon
Relay Challenge Cup**

presented to first place team and medals to top 3 placing teams.
(www.victoriatriathlon.com for entry details)

Online Registration also available at: www.victoriatriathlon.com

DR [] **SELF-TRANSCENDENCE TRIATHLON/DUATHLON** RE []
AR [] PLEASE PRINT CLEARLY RA []

Last Name _____ First _____
Address _____ City: _____ Postal Code: _____
Phone (H) _____ (W) _____ Sex: M F Birthdate: _____
E-mail: _____ Age on Dec. 31, 2010: _____
(min. age 14 yrs. as of Dec 31, 2010)

Please Circle: T-shirt size: XS S M L XL

CHECK ONE ONLY **Check if Applicable** **All Olympic distance swimmers give**
 TRIATHLON **Clydesdale** _____ **estimated swim time (1.5km _____)**
 DUATHLON **Athena** _____
 PARATHLETE (AWAD) If Yes please describe: _____
(see website for general information)
 TRIATHLON RELAY (3 MEMBERS) Team Name _____
 DUATHLON RELAY (2 OR 3 MEMBERS) Team Name _____
 Police, Firefighters, Medics Triathlon Relay (3 MEMBERS) Team Name _____
 Recreation/Fitness Centres Triathlon Relay (3 MEMBERS) Team Name _____
Relay Team Categories: Mixed ___ Men ___ Women ___ Masters (130)+ ___ Super Masters (160)+ ___
Check Your Relay position: Swim ___ Cycle ___ Run ___ **Teams Must Submit Entries Together**

Insurance Fees (add to entry fee ONLY if you are NOT a TriBC Member).
 Individual: \$15 Relay Team Member: \$6
 Tri BC Member # _____ (card must be shown at race packet pickup)

TOTAL RACE FEE \$ _____ Cheques payable to Sri Chinmoy Marathon Team
 Mail Entry to: Sri Chinmoy Marathon Team, 1360 St. Patrick St., Victoria, BC, Canada, V8S 4Y4

WAIVER: In my entry for this race, I, the undersigned, intending to be legally bound, hereby for myself, my heirs and administrators, waive and release the Sri Chinmoy Marathon Team and their volunteers and representatives, Triathlon British Columbia and its divisions and the municipalities of Saanich, Central Saanich, North Saanich, the Capital Regional District and the Province of British Columbia for any and all injury or loss by me howsoever caused, whether through negligence or willful conduct of the officers, directors, employees, agents or appointees of the association(s) and its divisions of all those named above whether such loss or injury occur while traveling to or from the event or while staying at or participating in the program or activity of the event. I acknowledge that I am responsible for the road worthiness and correct operation of my bicycle. I have read this waiver and fully understand its contents. I realize that I may be subject to unannounced drug testing as provided for by Triathlon Canada's agreement with the Canadian Centre for Ethics in Sport.

Participant's Signature _____ Date _____
 Parent/Legal Guardian signature (if under 19 years on race day) _____ Date _____

What can we say about you as you cross the finish line? _____

First Triathlon/Duathlon? _____ How many Self-Transcendence Events? _____
 How many years in sport? _____ Other _____